

Good ARDS Care



Low tidal volume ventilation

- 6-8 cc/kg IBW
- Solid evidence in ARDS (not specifically tested in COVID-19)

Prone positioning

- Good evidence in ARDS when PaO₂:FiO₂<150
- Growing evidence for non-intubated patients with COVID-19 related hypoxemia
 - PRON-COVID, Lancet

Paralytics

- As needed to prevent dyssynchrony & facilitate LTVV
- No systematic COVID-19 specific data

Good ICU Care



• Quality Care Bundle (ABCDEF, Fast Hugs BID)

- Sedation
 - Anecdotally, frequent dyssynchrony is resulting in increased benzodiazepine use
- Anticoagulation
 - Prophylactic definitely beneficial
 - Therapeutic questionable benefit

Treat bacterial infections

- Estimates for rates of bacterial co-infection: 8%-50%
- Our practice: broad spectrum abx ~48 hrs, de-escalation per cultures

NSAIDs likely ok to use

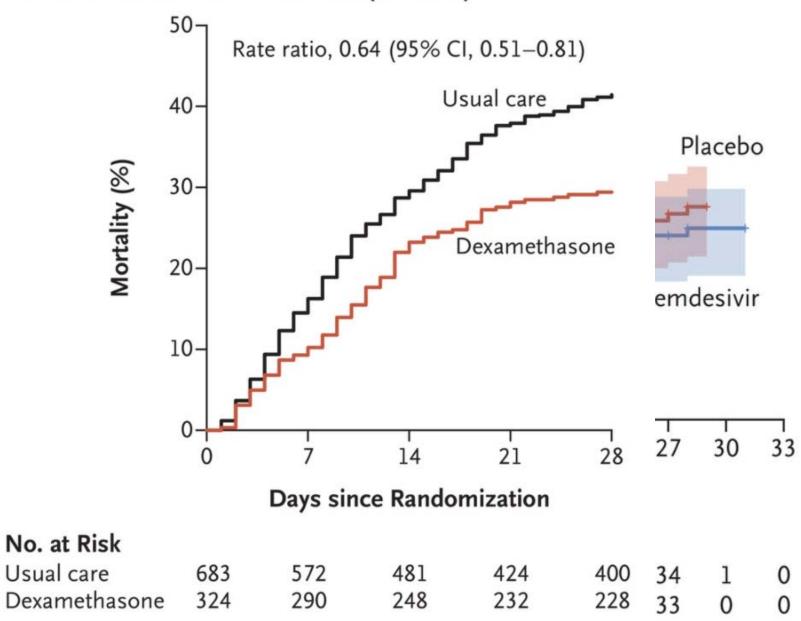
Consider usual risks – GI bleeding, AKI, etc.

Therapeutics

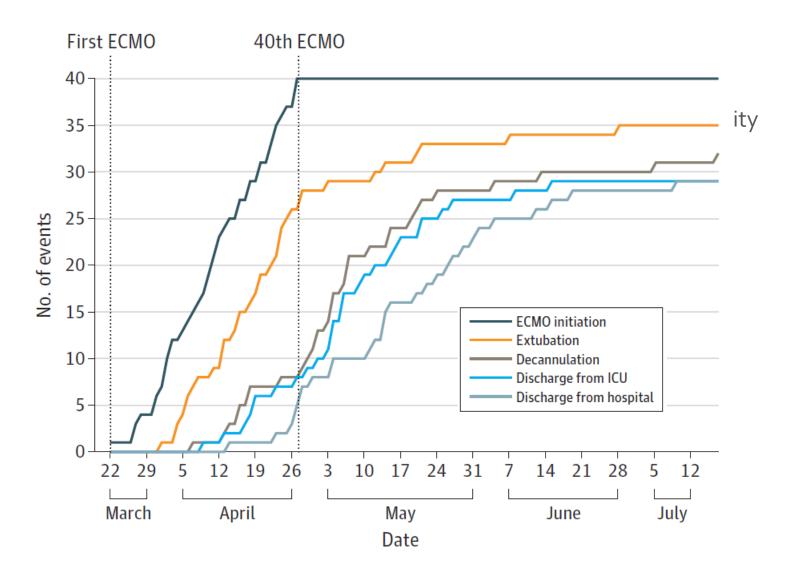


Cantini F, Niccoli L, Matarrese D, Nicastri E, Stobbione P, Gol-Li L, Zhang W, Hu Y, Tong X, Zheng S, Yang J, Kong Y, Ren I threatening COVID-19: A Randomized Clinical Trial. Jama. 20

B Invasive Mechanical Ventilation (N=1007)



Other Considerations



Protecting Staff Staff

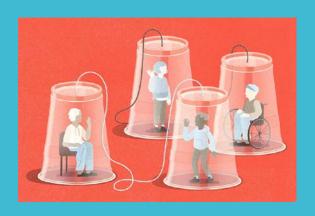
• Thoughtful use of aerosol generating procedures and diagnostics

- Bronchoscopy, suctioning, sputum culture, chest PT, nebs
- Daily CXR, CT scans, ultrasounds, etc.
- Bundled care where possible

Adequate PPE

- Institution dependent
- At minimum (for intubated patients or those with aerosol generating procedures): Gown, gloves, N95, goggles or faceshield

Psychosocial concerns



Staff burnout

- Encourage regular breaks
- Utilization of debriefs and team check-ins

Families

- Frequent updates by nursing and doctors crucial
- Video conferencing to allow families to see & talk to their loved one
- Visitation as able
- Consider weekly meetings

Delirium and PICS

• Likely long-lasting consequences of ICU stay for patients and their families